M DAHU CANDIDATES-SUBMIT 1 ORIGINAL AND 1 COPY NEIGHBOR ISLAND CANDIDATES-SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT CANDIDATE COMMITTEE

PLEASE TYPE OR PRINT CLEARLY WITH INK INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES.")					
SECTION I-CANDIDATE AND CANDIDATE COMMITTEE:	SECTION II-TYPE OF REPORT:				
(a) Candidate Name:	(See the Schedule of Repering Peres to Somplete this section)				
CHARLES DJOU	1st Preliminary Primary Amended Second Fourth				
(b) Committee Name: FRIENDS OF CHARLES KONG DIO	-				
(c) Mailing Address: 46-149 MEHEANU LOOP #3122	X, Final Pri	mary			
KANESHE, HI 96744	Prelimin	ary General	RECE	EPORTING PERIOD	
(d) Phone (Bus) 521 -9215 (Res) 394 -6628	Final Ele	ction Period	9/9/00	1 through 9/23/60	
Treasurer's	Supplem	nental	V 1700	through	
SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS (Complete Section IV on the Back of this Form Before Completing This Section) COLUMN A COLUMN B					
		TOTAL THIS	PERIOD	ELECTION PERIOD* TOTAL TO DATE	
1. Cash on Hand at the Beginning of the Election Period.	•••••••••••••••••••••••••••••••••••••••			10,657.17	
2. Cash on Hand at the Beginning of this Reporting Period		12,69	3,93		
3. Total Receipts (From Line 15)	•••••	1,63	39.61	14,247,47	
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column	n 8)	14,3	33,54	24,904,64	
5. Total Disbursements (not including Unpaid Expenditures) (From Line 19	y	408.36		10,979,46	
6. Cash on Hand at the Closing of this Reporting Period /Subtract Line 5 f	rom Line 4)	13,9	25,18	13,925.18	
7. Total Loans at the Closing of this Reporting Period	******************		0		
8. Total Unpaid Expenditures at the Closing of this Reporting Period	***************************************		٥		
9. Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8)	J		D		
10. Surplus/Deficit (Subtract Line 9 from Line 6)	••••••	13,9	25,18		
I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.					
Candidate Signature Date	Clus Treasurer Sign	in Mas	luk.	10/11/00	

Short Form is checked if the candidate is filling a Praliminary, Final or Supplemental Report and has aggregate contributions and aggregate expanditures for the reporting period totaling \$2,000 or less.

Short form reporting requires completion of only Section II, and Section III of this Cisciosure Report.

An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS (If Necessary, Complete Schedules A through E Before Completing This Section)

RECEIPTS

COLUMN A

TOTAL THIS PERIOD

COLUMN B ELECTION PERIOD TOTAL TO DATE

11. Contributions From:			11
(a) Individuals/Other Entities/Noncandidate Committees/Political Parties			11(a)
(i) Monetary and Non-Monetary Contributions of \$100 or Less	215,00	6614.08	THAKE
(ii) Monetary and Non-Monetary Contributions of More Than \$100	1350,00	5338 . to	11(a)(ii)
(iii) Subtotal (Add Lines 11(a)(i) and 11(a)(ii))	1625,00	11952,08	11(a)(iii)
(b) Candidate or Candidate's Immediate Family			11(b)
(i) Monetary and Non-Monetary Contributions of \$100 or Less	Ó	64. o 8	11(b)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100	0	2000,00	11(6)(ii)
(iii) Subtotal (Add Lines 11(b)(i) and 11(b)(ii))	ð	2064.08	11(b)(iii)
12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)	1625.00	14.016.16	12
13. Public Funds and Other Receipts	14.61	231,31	13
14. Loans	D	Ð	14
15. Total Receipts (Add Lines 12 through 14)	1639.61	14247.47	15
DISBURSEMENTS			
16. Expenditures	408.36	10979.46	16
17. Loans Repaid or Forgiven	D	٥	17
18. Unpaid Expenditures Paid or Forgiven	0	٥	18
19. Subtotal Disbursements (Add Lines 16 through 18)	408,36	10979,46	19
20. Unpaid Expenditures			20
21. Total Disbursements (Add Lines 19 and 20)	408.36	10979,46	21

	CHECK ONLY ONE BOX	7
SE SEPARATE	SCHEDULE(S) FOR EACH CATEGORY BELO	W

INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE COMMITTEES/POLITICAL PARTIES

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY **SCHEDULE A** MONETARY AND NON-MONETARY CONTRIBUTIONS **CANDIDATE COMMITTEE**

SANDIDATE AI	ND CANDIDATE COMMITTEE NAME:	PAGE	0	F
DATE OF DEPOSIT OR RECEIPT OF	FULL NAME, STREET ADDRESS, CITY, STAYE AND ZIPCODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY	
NON-MONETARY CONTRIBUTION	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION	CONTRIBUTION THIS PERIOD	ELECTION PERIOD TOTAL TO DATE
a/19/00	PICHARD CLIFTED 2475 MAKIKI HTS DR. (HONDULU, HI 96822		200,00	
/	HOWAN MEDICAL BOUTICAL ACTION 1360 S. BERETANIA ST., 240 FL HOSOULU, HI 96814		750.00	
1	INDIMENTALLY CONTRIBUTION ALBERT CHENG 2222 N. BEACHWOOD PR. #313 LOS ANGELES, CA 90068		200.00	
1	NON-MONETARY CONTRIBUTION STAJLEY LOLG 98-1371 KOAHEAHE PL. No. 78 PEARL CITY, HI 96782		200.00	
	NON-MONETARY CONTRIBUTION NON-MONETARY CONTRIBUTION			
1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page)		1350,00		
		1350,00		

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B.

Form CC-5(A) (Rev. 5/99)

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE B EXPENDITURES CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE A	ND CANDIDATE COMMITTEE NAME:	PAGE	OF
OATE GF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
9/19	- NON-MONETARY CONTRIBUTION AUTORICAN PARIFIC APPAREC CO. 1808 KANAKANYI ST. # 200	PRISTING/ADVERTIS	E- 144.72
9/25	US, POSTAL SERVICE LANGOHE, HI 96744	PostaGie	66.00
9/15	RFD PUBLICATIONS	ADVORTISOMEST	197,64
	NON-MONETARY CONTRIBUTION		
1. SUBTOTAL O	F EXPENDITURES THIS PERIOD (This Page)	<u> </u>	408.36
2. TOTAL EXPE	NDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number	er 16 of the Disclosure Report)	408.36

Form CC-5(B) (Rev. 5/99)

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE C PUBLIC FUNDS AND OTHER RECEIPTS CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AN	D CANDIDATE COMMITTEE NAME:	PAGE	\ OF	1
DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF SOURCE OF PUBLIC FUNDS OR OTHER RECEIPT	DESCRIPTION OF OTHER RECEIPT	AMOUNT OF PUBLIC FUNDS OR OTHER RECEIPT THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
8/18 -	AMERICAN SAVISGS BANK,			
8/18-		income	14,61	
4.015			(1) (1)	
1. SUBTOTAL OF PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (This Page)				
13 of the Disclos	ure Report)	wy transfer total to tine Number	14.61	
			Form (CC-5(C) (Rev. 5/99)





The Late Contributions Report is to be used to report all contributions aggregating more than \$500 that are received within the period of fifteen calendar days through four calendar days prior to a primary, special primary, general, or special general election. The report is required to be filed no later—than 4:30 p.m., three calendar days prior to the election.

| CAMPAIGN SPLNGIAN | COMMISSION | COMMISS

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CHARL	ES KONG DJOU - FRIENDS	OF CHARLESO KSER 20	P2:27	
	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	NAME OF EMPLARECE!	/ED	
DATE	PURPOSE TO WHICH THE CONTRIBUTION WILL BE APPLIED	OCCUPATION	AMOUNT OF CONTRIBUTION	AGGREGATE CONTRIBUTION
9/19/00	HAWAII MEDICAL POLITICAL ACTION COMMITTEE 1360 S. BEKETANIA ST. DNO FL. HONOLULU, HI 96814		750.00	750,00
1			İ	I